

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>4/23/02</u>		2 Serial/Patent # <u>09/912,905</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
<input checked="" type="checkbox"/>	Petition	4	1/22/02	\$ 130						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$ 130						
10 REASON:		8 TO BE REFUNDED BY:								
	Overpayment	Treasury Check								
	Duplicate Payment	Credit Deposit A/C #:								
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">3</td> <td style="width: 20px;">00</td> </tr> </table>			0	6	--	1	3	00
0	6	--	1	3	00					
PTO <i>[Signature]</i>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>RETAIN</u>		TITLE: <u>Petition Att'y</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>703-308-0963</u>								
OFFICE: <u>Petition</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Alicia Kelly</u>		DATE: <u>4-29-02</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**